

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10820571 FILED DATE 4-8-04
APPLICANT(S)

| CLAIMS | AS FILED | | AS AMENDED | | AS ALLOWED | |
|--------------|----------|-----|------------|-----|------------|-----|
| | CID | DEP | CID | DEP | CID | DEP |
| 1 | 1 | | | | | |
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| 15 | | | | | | |
| 16 | 1 | | | | | |
| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
| 19 | 1 | | | | | |
| 20 | 1 | | | | | |
| 21 | 1 | | | | | |
| 22 | 1 | | | | | |
| 23 | 1 | | | | | |
| 24 | 1 | | | | | |
| 25 | 1 | | | | | |
| 26 | 1 | | | | | |
| 27 | 1 | | | | | |
| 28 | 1 | | | | | |
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| 49 | | | | | | |
| 50 | 1 | | | | | |
| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | 13 | | | | | |
| TOTAL CLAIMS | 16 | | | | | |

| CLAIMS | CID | DEP | CID | DEP | CID | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
| 31 | | | | | | |
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| 50 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |